



PATIENT

Cammi Radford

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

11 Years

WEIGHT

18.6 Pounds

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petworks VH

REFERRING VET

Dr. Trudeau

INVOICE

36755

DATE

4/6/22

PRESENTING CLINICAL SIGNS

lethargy the last 72 hours and went to ; quick scan at rDVM showed A mass was found on the spleen - approx 8-10cms diameter

Abnormal PE/Chem/CBC/UA Results: - Mild - mod. anemia nonregenerative anemia, Low platelets - checking smear, Mild increase in neutrophils. Chemistry is normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (5.88 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.5 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large in size measuring 1.5 cm at the cranial pole, 0.75 cm at the caudal pole, and 2.94 cm in length. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that it is enlarged, particularly in the cranial portion, creating an abnormal shape and a mass effect. There is the suspicion of vascular invasion locally, but this cannot be confirmed.

The right adrenal gland is not visualized.

Spleen

The spleen is large in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a very large, mixed echogenic, mildly cavitated mass effect arising from the spleen, measuring >7.9 cm x 5.4 cm. There is no surrounding free fluid. The omentum is hyperechoic surrounding the splenic mass.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of hyperechoic sludge. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

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The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.38 cm.

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

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Kathleen Sennello DVM,
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Medicine)

- Large, mixed echogenic, mildly cavitated splenic mass – A large, heterogenous mass with cavitations is present within the splenic parenchyma. The mass distorts the splenic capsule. Differentials for the mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.
- Left-sided adrenal mass with possible vascular invasion – Left adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
- Mild gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is large, partially cavitated, mixed echogenic, expansile splenic mass visualized. Recommend splenectomy for both diagnostic and therapeutic purposes. This could be benign or malignant, but regardless, removal is recommended due to the risk for rupture.

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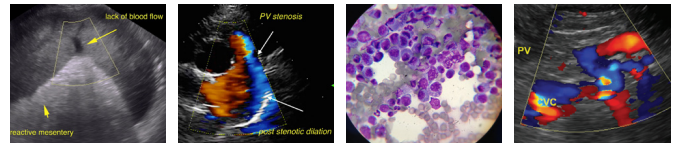
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Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

Additionally, the left adrenal gland is enlarged and irregular. There is the suspicion, but not a clear image of vascular invasion. These masses can be benign or malignant and can secrete hormones or be non-active. Based on the irregular appearance of this mass, a cancerous process is considered more likely. Options moving forward include:

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- If signs of cushings are present, consider adrenal function testing. I prefer an ACTH stimulation test combined with an adrenal panel to the University of Tennessee's endocrine lab to look for atypical adrenal hormones as well as cortisol. (other testing can suffice)

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- If adrenal dependent cushings is suspected and supported by adrenal function testing consider medical therapy with lysodren or trilostane and/or consider surgical removal (recommend referral to a board certified veterinary surgeon and possible pre op CT)-This can be a challenging surgery with significant risk for complication

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- Recommend blood pressure evaluation-if hypertensive consider testing catecholamine levels for a possible pheochromocytoma

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- Due to the possible invasive nature of this mass, a CT scan is highly recommended to evaluate for metastasis and vascular invasion.

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- If no symptoms of cushings are present, consider either referral for surgery or if surgery is not an option consultation with a veterinary oncologist regarding chemotherapeutic options and continued monitoring with ultrasound (in 4-6 weeks) can be considered.

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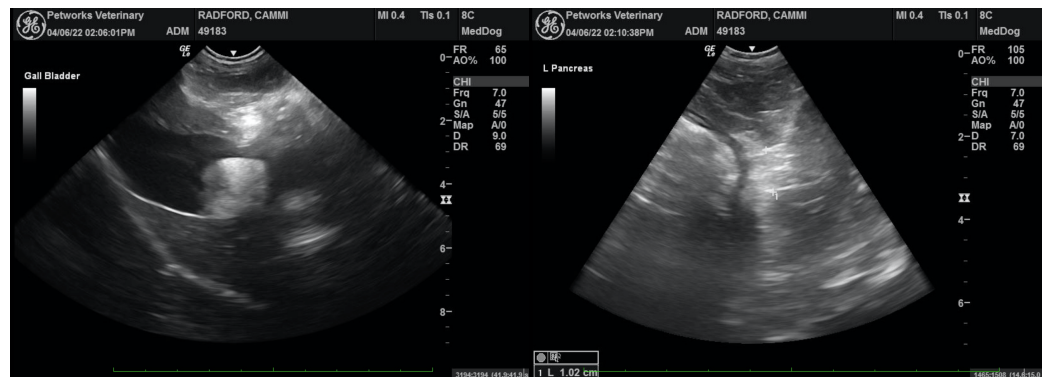
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- Some aggressive adrenal tumors can grow quickly and there is risk for acute hemorrhage from vascular invasion.

The concurrent adrenal mass and splenic mass are somewhat complicated to deal with. My recommendation would be a preoperative CT scan to see if there is any evidence of diffuse metastasis, which might change your plan, and to determine if there is vascular invasion from the adrenal lesion. Based on this result, you could prioritize your surgical plan.

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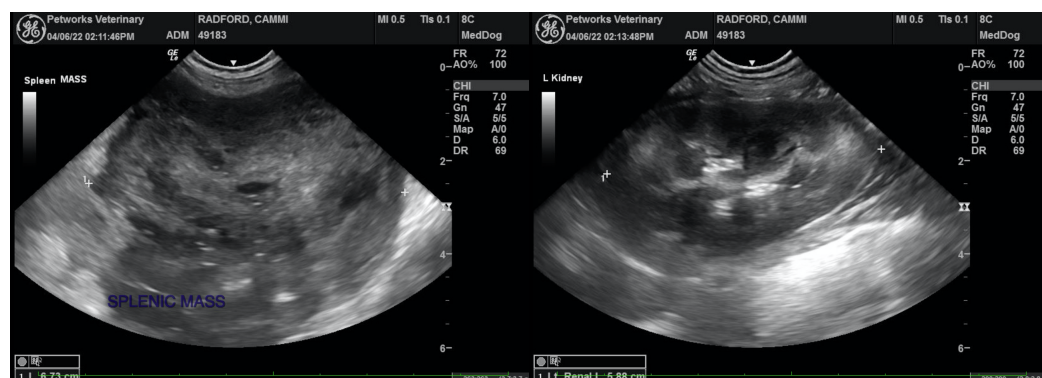


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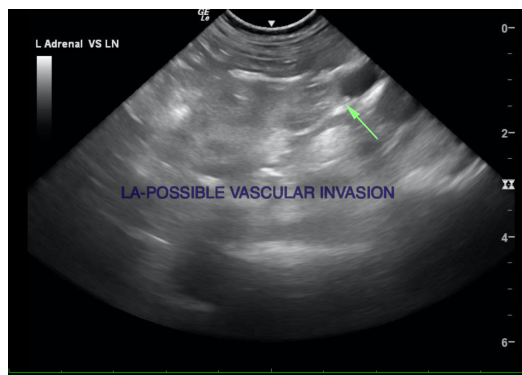
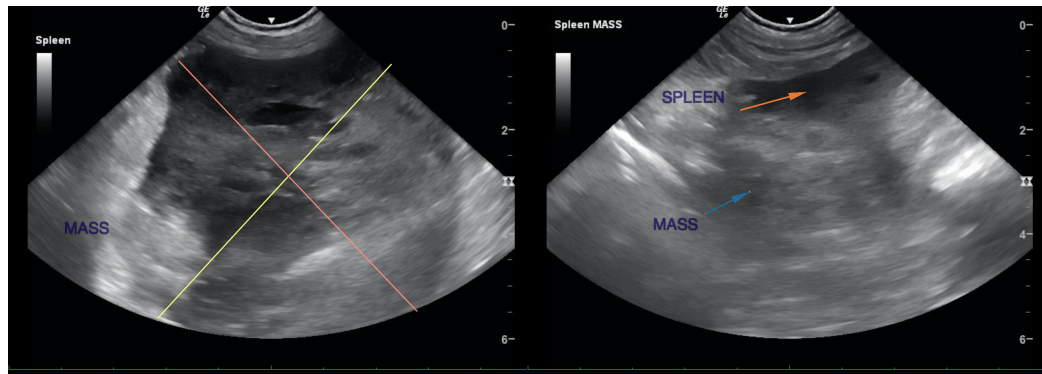
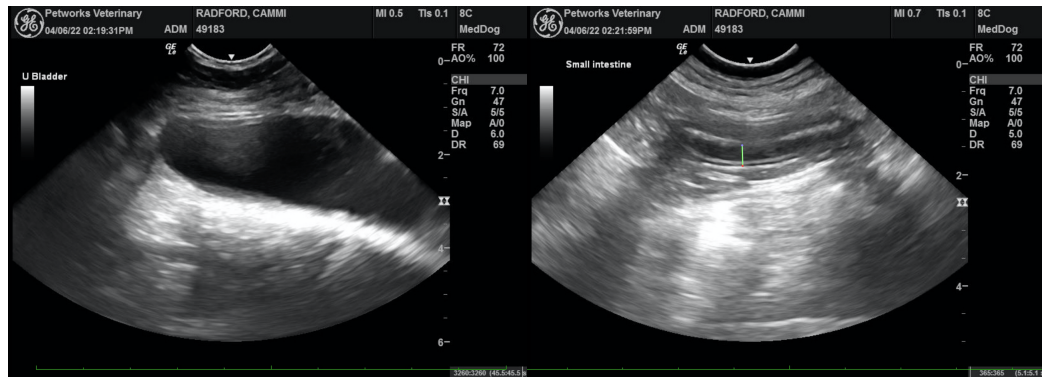
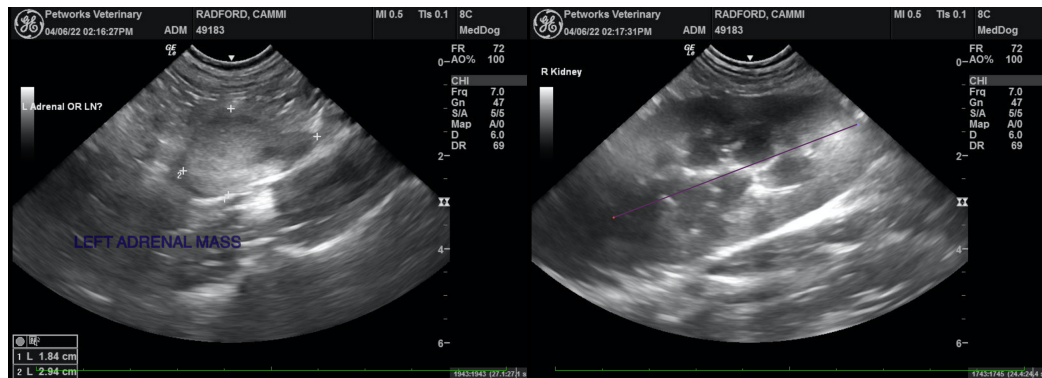
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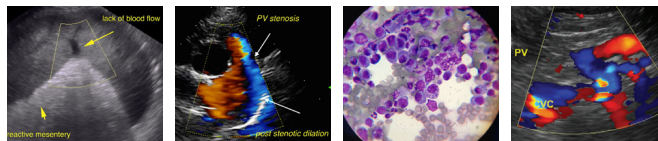
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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